Practical Aspects of Being an Allergy Extender

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Allergy Regional Consultant

Overview

- Organization of the extender system
- Training requirements
- Your role as an allergy extender
- Your allergy clinic
- New proposed guidelines

Current Guidelines

- Somewhat superficial
- Published in AFI 44-102, Section 2D – Allergy Treatment
- The Chief Consultant to the AFSG for A/I
  - Organizes the MTFs into allergy regions
  - Designates a regional A/I consultant

Current Guidelines

- The Regional Consultant
  - Establish and monitor the allergy services for each MTF within their region
  - Approves use of allergy extracts not provided by the regional allergy support facility
  - Visit local MTFs as needed

Current Guidelines

- The MDG/CC designates a trained or experienced physician responsible for the MTF allergy clinic
- Regional allergy support facilities provide allergy immunotherapy extract kits to the supported MTFs

Current System

- 7 regions with regional consultants
  - Travis AFB
  - Wright-Patterson AFB
  - Lackland AFB
  - Elmendorf AFB
  - Andrews AFB
  - Keesler AFB
  - Europen Region/Lakenheath

Travis AFB

- **LTC Kathleen Tajiri and Maj Ron England**
  - Beale AFB, CA
  - Edwards AFB, CA
  - Fairchild AFB, WA
  - Hill AFB, UT
  - Los Angeles AFS, CA
  - McChord AFB, WA
  - McClellan AFB, CA
  - Mountain Home AFB, ID
  - Nellis AFB, NV
  - Onizuka AFB, CA
  - Vandenburg AFB, CA

Wright-Patterson AFB

- **Major Ronald Cox**
  - Ellsworth AFB, SD
  - Forbes AFB, KS
  - Offutt AFB, NE
  - Grand Forks AFB, ND
  - Little Rock AFB, AR
  - McConnell AFB, KS
  - Minot AFB, ND
  - Richard-Gebaur AFB, MO
  - Scott AFB, IL
  - Whiteman AFB, MO

Lackland AFB

- **Maj Melinda Rathkopf**
- Altus AFB, OK
- Brooks AFB, TX
- Cannon AFB, NM
- Davis Monthan AFB, AZ
- Dyess AFB, TX
- F.E. Warren AFB, WY
- Goodfellow AFB, TX
- Holloman AFB, NM
- Howard AFB, PA
- Kirtland AFB, NM

AD USAF Allergist

- Laughlin AFB, TX
- Luke AFB, AZ
- Malstrom AFB, MT
- Peterson AFB, CO
- Randolph AFB, TX
- Sheppard AFB, TX
- Tinker AFB, OK
- USAF Academy, CO
- Vance AFB, OK

AD USAF Allergist/ Consultant to the AFSG

Elmendorf AFB

- **Major Michael Tankersley**
  - Anderson AFB, Guam
  - Eielson AFB, AK
  - Hickam AFB, HI
  - Kadena AB, Japan
  - Kunsan AB, Korea
  - Misawa AB, Japan
  - Osan AB, Korea
  - Yokota AB, Japan

Andrews AFB

- **Maj Pierre Dauby and Maj Carl Thornblade**
  - Charleston AFB, SC
  - Dover AFB, DE
  - Fort Dix AIN, NJ
  - Hanscom AFB, MA
  - Langley AFB, VA
  - Pope AFB, NC
  - Seymour-Johnson AFB, NC
  - Shaw AFB, SC

Keesler AFB

- **Maj Jonathan Buttram and Lt Col Steven Nguyen**
  - Barksdale AFB, LA
  - Columbus AFB, MS
  - Eglin AFB, FL
  - Hurlbert Field, FL
  - MacDill AFB, FL
  - Maxwell AFB, AL
  - Moody AFB, GA
  - Patrick AFB, FL
  - Robbins AFB, GA
  - Tyndall AFB, FL

AD USAF Allergist

European Region/Lakenheath

- **Major Charles Webb**
- Aviano AB, Italy
- RAF Croughton, England
- RAF Upwood, England
- RAF Menwith Hill, England
- Stavanger AB, Norway
- Geilenkirchen AB, Germany
- Incirlik AB, Turkey
- Ramstein AB, Germany
- Rhein-Main, Germany
- Spangdahlem AB, Germany
- Lajes AB, Azores
- NAVEUR Clinics
  - London, England
  - Rota NS, Spain
  - Geata NS, Italy
  - Naples NS, Italy
  - Sigonella NS, Italy
  - La Madalena NS, Italy
  - Keflacik NS, Iceland

Training Requirements

- Per AFI 44-102, 2.6 – Training for AIT Personnel
  - OICs and technicians must receive introductory training in clinical allergy
  - Generally at WRAMC for techs and WHMC or regional facility for physicians
  - Techs who dose and administer AIT must complete initial allergy specialty training of at least 20 working days duration
  - Every 2 years, all personnel must attend refresher training of 5 days duration, in most cases at a regional facility

Allergy Extender Requirements

- Attend 1 week “Allergy Short Course”
- Spend 1 week OJT with your regional consultant
- Refresher training
  - 1 week OJT with regional consultant every 2 years
- Documentation
  - Credentials granting allergy privileges
  - Appointed as “OIC, Allergy Clinic” in PAF and clinic OIs

Allergy Technician Requirements

- Attend WRAMC 5-week Immunization/Allergy Specialty Course
- Upon graduation, 3-level skill as a 4NOX1A,i.e. A-shred
- Follow “Career Field Education and Training Plan” (CFETPs) and Allergy/Immunization Specialty Training Standards (STS)
- Biannual refresher at WHMC
- Recent: splitting Allergy and Immunizations into unique “Special Experience Identifiers” (SEIs)

Your Role as an Extender

- Act as a local consultant for allergy
- Evaluate patients with signs/symptoms of allergic rhinitis or allergic asthma, appropriately utilizing prick skin testing, and when indicated, forward patient info to regional allergist for consideration of IT
- Screen patients with other allergic conditions for referral to an allergist
- Oversee allergen IT and treat anaphylaxis
- Follow-up patients on IT

Your Allergy Clinic

- Quality assurance (SGH checklist)
- Personnel
- Medication
- Equipment
- Physical facility
- Documentation
- OIs
- Procedures

QA, Paperwork, and OIs

- It is the responsibility of the Regional Consultant to “monitor the allergy services for each MTF within their region” and “visit local MTFs as needed”
- Given the current funding (lack of) and manning situation, this may not be feasible
- A checklist was developed based on reports and experience from previous SAVs that should be completed at least annually and as needed by the Chief of the Medical Staff (SGH) to evaluate the allergy services at his/her MTF

Personnel

- Physician Allergy Extender appointed
  - Completed the Allergy Short Course in: Month_____ Year_____
  - Completed allergy training at USAF Regional Allergy Center in: Month____ Year_____
  - Credentials folder indicates allergy privileges granted
  - Letter of appointment as OIC of Allergy in provider activity file
  - Certified in BLS and current
  - Certified in ACLS and current
  - Certified in PALS and current

Personnel

- Allergy/Immunizations technician assigned?
  - Date completed:___/____/___
  - Completed the WRAMC A/I specialty course in: Month____ Year_____
  - Re-certification current (2 years)
  - Immunizations Backup Technician
  - BLS certified and current
  - EMT certified and current
  - IBT documentation is current
- Nurse, if assigned, received specific allergy training to function in the role of Allergy Technician with the Regional Consultant

Medications

- Epinephrine 1:1,000
- Benadryl for IM/IV
- Solumedrol
- Oral form (pill and liquid) of an H1-antihistamine
- Oral or IM/IV form of an H2-antihistamine (i.e. Zantac)
- Glucagon
- 3 ml premixed Albuterol for nebulization
- Oxygen

Equipment

- Anaphylaxis treatment cart
- Suction
- Blood pressure machine with pulse oximeter
- Nebulizer machine
- Peak flow meter

Physical Facility

- Central waiting area under direct observation by the technician
- Signs posted with hours of operation
- Signs posted with symptoms of anaphylaxis
- Emergency alarm
- Privacy for patients receiving vaccinations
- Non-powdered latex gloves available
- Non-latex gloves available

Physical Facility

- Vaccinations stored in a secure refrigerator/freezer with external temperature monitor and alarm
- Daily temperature readings recorded daily except on days the clinic is closed
- Vaccines are within expiration dates
- Allergy extracts vials separated from other vaccines
- Sink present

Documentation

- Standardized forms utilized (see attachments)
- Immunotherapy shot records maintained in a secure location
- Allergy shot reaction log/folder
- Extract vials color coded for concentration, labeled with name, patient number, concentration, content, expiration date
- Skin testing tray labeled with expiration date (30 days from preparation date)
- Peak flow documented to be within 80% of personal best prior to each injection in all asthmatics

Documentation

- Immunotherapy shot record for each patient with the following:
  - Quality Checklist
  - Medication letter
  - Consent form
  - Privacy act
  - Initial history and physical
  - SF 600 follow up visits
  - Skin test record
  - Pulmonary function testing (for all asthmatics)
  - Immunotherapy extract prescription
  - Immunotherapy pre-injection questionnaires at each visit with no contraindications for injection documented
  - Immunotherapy injection record for each vial of extract documenting date, time, peak flow, site of injection, dose, schedule, concentration, 30 minute waiting period, reaction

Operating Instructions

- Anaphylaxis
- Procedures for Allergy Skin Testing
- Allergy Immunotherapy/refills
- Daily Clinic Duties
- Care of Biologics

Procedures

- Mock code blue exercise performed annually and documented
- The Allergy Extender does not have direct oversight responsibility for the Allergy and Immunization technicians outside the scope of allergy services
- The Quintest or similar single use, disposable, skin testing device is used
- 30-minute waiting period documented
- All patients on immunotherapy have an EpiPen or similar device prescribed and on their person at the time of each injection

Procedures

- All immunotherapy patients seen annually
- Aeroallergen immunotherapy administered no more than 5 years
- Patients on immunotherapy are not deployed with extracts
- All systemic reactions are reviewed by the regional allergist prior to continuing immunotherapy

Annual Follow-Up

- All immunotherapy patients should be seen annually by the Allergy Extender
- Each clinic should have some system in place that triggers when an IT patient is due for their annual follow-up (e.g. a sticker on the outside of the IT chart)

Annual Follow-Up

- The following items should be assessed by the Allergy Extender at this annual visit:
  - Patient compliance with IT schedule
  - Amount of improvement with IT (e.g. 80% symptom improvement)
  - Appropriate use of allergy medications (e.g. regular use of nasal steroid)
  - Assessment of any systemic reactions or any bothersome large local reactions
  - QA of IT since last visit
    - Documentation that the patient is not on a beta-blocker
    - Documentation of 30 minute wait
    - Documentation that dosage has not been advanced in a pregnant patient
    - Documentation of peak flow meter readings in asthmatics
    - Appropriate advancement and dose-adjustment based on time and new vials (**Any dosage errors should trigger an incident report)

Annual Follow-Up

- For asthmatics on immunotherapy
  - Annual spirometry
  - Annual flu shot
  - Documentation of symptom frequency (symptoms/week, nocturnal symptoms/month) and severity level (mild intermittent, mild persistent, etc)
  - Review that peak flow meter readings are done before the IT injection

New Guidelines

- Developed to ensure the safety of our allergy patients
- Are being implemented throughout the AF allergy community to ensure that there is consistency and uniformity of care regardless of where a patient might initially be evaluated and might later receive allergy care, thus allowing true portability of their allergy care in the AF
- These policy statements offer the Allergy Extender and the Allergy Technician the guidance they need in order to function in their unique roles

Policy Statement #1: Training Requirements for Allergy Extender

- The Allergy Short Course is currently held the first full week of April each year at Wilford Hall Medical Center, San Antonio, Texas
- This is the formal didactic course that potential extenders are required to attend as the first part in becoming an Allergy Extender
- The second part requires the Allergy Extender to spend a week with the Regional Consultant to obtain “hands-on” experience
- In order to function as an Allergy Extender both the didactic course and the hands-on training must be completed
- Refresher training consisting of one week hands-on training with the Regional Consultant must be accomplished every 2 years

Policy Statement #1

- It is the responsibility of each MTF to ensure that an Allergy Extender is trained if the MTF desires to provide Allergy services
- It is highly recommend that each MTF have a second physician who has also been trained and can be available in the event the primary Allergy Extender is not available (PCS, separation, deployment, etc)
- In rare circumstances, an Allergy Extender can be trained outside the formal Allergy Short Course
- However, this must be arranged directly with Wilford Hall Medical Center

Policy Statement #2: Training Requirements for Allergy Technician

- Medical technicians receive formal training at Walter Reed Army Medical Center
- On 1 Nov 2003, the Allergy shred designation disappeared and special experience identifiers (SEI's) were instituted for Allergy and Immunizations
- The specific requirements related to these are still being developed

Policy Statement #3: Training Requirements for Nurses to function as "Allergy Technician"

- Both registered nurses (RN) and licensed vocational nurses (LVN) require specific allergy training to function in the role of Allergy Technician
- One week (minimum, ideally two weeks) of training with the Regional Consultant is required
- At the completion of this time, competency should be demonstrated for the following procedures:
  - Preparation of skin testing tray
  - Aeroallergen skin testing
  - Administration of immunotherapy (aeroallergen and venom)
  - Recognition of adverse reactions (vasovagal, local and systemic)
  - Recognition and treatment of anaphylaxis
  - Preparation of 10-fold dilutions
  - Appropriate documentation in Allergy (Immunotherapy) Record

Policy Statement #4: Loss of Allergy Technician (either temporary or permanent)

- It is highly recommended that each MTF have a trained nurse or back-up Allergy Technician in the event that the primary Allergy Technician is unavailable
- If a MTF is without a trained Allergy Technician, no Allergy services (i.e. no skin testing and no immunotherapy injections) will be provided until one becomes available

Policy Statement #5: Loss of Allergy Extender (either temporary or permanent)

- In the event that a MTF is without an Allergy Extender (for whatever reason), allergy services will be limited
- The Allergy Technician must never function independently without physician oversight
- The MTF command will designate a “covering” physician to be responsible
  - This physician must be competent to recognize, respond and treat episodes of anaphylaxis
  - Must be ACLS certified
  - Must be immediately available to the Allergy Technician during Allergy shot (Allergen Vaccine/Allergen Extract/Immunotherapy) administration

Policy Statement #5

- During the time that an Allergy Extender is not available, no skin testing may be conducted
- Additionally, the Allergy Technician may not make any modifications or deviations to an Allergy patient’s shot schedule except as specified on WHMC Form 3263 (Sep 2002) and WHMC Form 2984 (Sep 2003)
- Finally, if a patient is pregnant or experiences an episode of anaphylaxis, immunotherapy will be discontinued until an Allergy Extender is available to re-evaluate that patient and determine, in consultation with the Regional Consultant, if the patient is a candidate for further Allergy shots

Policy Statement #6: Administration of Civilian Allergy Extract/Vaccine

- If a patient is evaluated by a civilian Allergist or other civilian physician and started on allergen extract/vaccine that is not prepared by a military mixing facility (i.e. Walter Reed Regional Mixing Facility, Wilford Hall Mixing Lab or Andrews Mixing Lab), that patient will need to have their allergen vaccine administered by the civilian physician
- It will not be given at the MTF
- This policy is in agreement with the Joint Practice Parameters that recommend, “the preferred location for the administration of allergen immunotherapy is the office of the physician who prepared the patient’s vaccine.”

Policy Statement #6

- There are several reasons for this policy statement
  - First, the Allergy Extender is a full-time physician (not an Allergist) who is typically removed from where allergen immunotherapy is being administered
  - Additionally, the Allergy Technician is trained to administer extract prepared by a military facility
  - Finally, there is no portability with a civilian immunotherapy and in fact, most civilian Allergists will not administer other physicians' allergen vaccines

Policy Statement #6

- Consequently, a patient who has been started on civilian mixed immunotherapy has one of three choices:
  - Receive the allergen vaccine at the prescribing civilian physician’s office
  - Stop immunotherapy and treat with medications only
  - Be re-evaluated by the Allergy Extender (to include a full evaluation) as a new patient (will need to obtain a copy of civilian records)

Policy Statement #6

- There are always exceptions
  - An AD member from another location who is in TDY status and presents with civilian vaccine
  - A Reservist who has been called to active duty for a limited time and receiving civilian vaccine
  - A student who is visiting for an extended period of time
- Per AFI 44-102, 2.5.2.2, only the Regional Consultant may “approve use of allergy extracts not provided by the regional allergy support facility.”
- The Allergy Extender must contact the Regional Consultant who will decide on a case-by-case basis if the civilian immunotherapy is to be given at the local MTF

Policy Statement #6

- There are several requirements that must be met before an exception to policy can be considered
  - All vials of allergen vaccine must be labeled with the patient name, unique identifier (last four of social security number or patient number etc), dilution of extract, extract contents and expiration date
  - The following must accompany the allergen vaccine vials:
    - Copy of medical note from civilian Allergist prescribing continuation of immunotherapy, exact contents of allergen vaccine vials, schedule for administration of allergen vaccine to include dosage modifications in the event of a time delay or reaction (calling the Allergist's office is not a suitable plan)
    - Copy of allergen vaccine treatment record in order for Allergy Technician to determine when and what dose was administered last
    - Contact information for the civilian Allergist

Policy Statement #6

- If this information is incomplete or the civilian Allergist is unwilling to release all of the information, then the civilian immunotherapy will not be administered and no consideration will be given for an exception to policy
- If all of this information is available, the Allergy Extender will contact the Regional Consultant
- If the Regional Consultant approves administration of the civilian allergen extract, he will document in a written note (e.g. e-mail message) such approval
- The Allergy Extender will place the note or copy of the e-mail message in the patient's Allergy Record and will complete all of the necessary paperwork to include a brief Allergy evaluation of the patient (history and physical exam)

Policy Statement #6

- The patient should complete an informed consent after appropriate counseling and the medication letter acknowledging that the patient is not taking a beta-blocker medication
- The Allergy Extender will review with the patient the Allergy clinic's local policies such as shot clinic days and times, 30 minute wait requirement after receiving an allergy shot, need to perform a peak flow prior to administration of an allergy shot if patient is asthmatic, what to do in the event of a reaction etc

Policy Statement #7: Administration of Expired Allergen Vaccine

- All allergen vaccines should have an expiration date that is on written on the vials
- The expiration date is determined based on the dilution of the vaccine prepared and also the expiration date of the stock extracts that are used to prepare the allergen vaccine kit
- The ten-fold dilution of the stock solution (i.e. 1:100 vial) expires one year from the date mixed or expires on the date of the stock extract used if it is less than one year from the date mixed
- All other dilutions will expire 6 months from the date mix
- An allergen vaccine will not be administered after its expiration date
- All expired allergen vaccine vials will be appropriately discarded
- It is imperative that refills of allergen vaccines be ordered in a timely fashion in order to avoid unnecessary time gaps between allergy injections

Policy Statement #8: Patient Selection – Skin testing and Immunotherapy in Children

- Recent data suggests that in children with seasonal allergic rhinitis treatment with immunotherapy may prevent the development of asthma
- Therefore, immunotherapy as a treatment option should be strongly considered in children with allergic rhinitis
- However, in accordance with the Allergen Immunotherapy Practice Parameter Summary Statement #204, patients receiving immunotherapy should be cooperative, compliant and be able to communicate clearly
- This is especially important in order to recognize and treat a reaction at the earliest moment
- While the practice parameters do not mandate a cut-off age for skin testing or immunotherapy, the unique nature of the extender system requires adherence to a stricter set of policies

Policy Statement #8

- Consequently, only patients 5 years and older (who are cooperative) may be skin tested and only patients who are 8 years of age and older may be considered for immunotherapy
- Again, all patients must be cooperative, compliant and able to clearly communicate in order to be considered for skin testing and immunotherapy
- Any patient who does not qualify for skin testing/evaluation at the local MTF may always be referred to the regional facility with a military allergist or referred to a civilian allergist for evaluation and treatment

Policy Statement #9: Use of Standardized Forms

- In an effort to standardize documentation of Allergy care across the AF medical system, all Allergy Extenders and Allergy Technicians will use the same forms
- These will include the following: skin testing form, skin testing consent form, Allergy Consultation form, annual medication letter (beta-blocker form), and immunotherapy consent form

Policy Statement #10: (Possible or Confirmed) Asthma in a Patient Being Considered for Immunotherapy or Already Receiving Immunotherapy

- It is well recognized that patients with severe or poorly controlled asthma are at higher risk for systemic reactions and fatal reactions to immunotherapy than are patients with stable, well-controlled (asymptomatic) asthma
- Consequently, if a patient reports any chest symptoms, the Allergy Extender must obtain spirometry or pulmonary function testing for the patient as part of the evaluation and document a (suspected) diagnosis for the patient's symptoms

Policy Statement #10

- If the patient is felt to have or has asthma, the patient's asthma must be classified according to the NHBL Expert Panel Report
- Prior to skin testing the patient's asthma must be stable with an FEV1 $\geq$ 80% or have a peak flow that is within the patient's green zone ($\geq$ 80% of patient's best)
- If the patient is being considered for immunotherapy the following criteria must be met before a patient can start or continue:
  - Asthma stable on current treatment
  - FEV1 $\geq$ 80%
  - Patient must have an asthma action plan in place
  - Patient must complete annual spirometry or pulmonary function testing
- By definition then, no severe or poorly controlled asthmatic may receive immunotherapy at any time
- There are no exceptions to this policy

Policy Statement #11: Patient Screening Requirements Prior to Receiving an Immunotherapy Injection

- Only well patients should receive an allergen vaccine injection
- An assessment of the patient's general medical condition should be made prior to a patient receiving an injection
- A pre-screening healthcare questionnaire has been created that will be given to all patients for completion prior to receiving allergen vaccine injections at each visit
- If the patient answers "yes" to any question, the Allergy Extender must be consulted and will determine if the patient may receive an immunotherapy injection at that visit
- All asthmatic patients regardless of asthma classification are required to perform a peak flow maneuver and must be in their green zone in order to receive their immunotherapy injection
- If they are not in their green zone, they will be instructed to seek medical care with their primary care provider to determine if additional medical attention is necessary
- The Allergy Technician will not make any medical decisions regarding the condition of the patient's asthma unless in respiratory distress and then will follow-up appropriate care for obtaining emergency assistance

Policy Statement #11

- Prior to administering any allergen vaccine, the Allergy Technician will identify the patient by either a driver's license or military identification card
- If the patient is a minor, the parent may identify the patient
- Once the patient has been properly identified, the patient will confirm their allergen vaccine vial, the concentration and dosage that they are to receive with the Allergy Technician
- The patient will then initial on the Treatment Record in the appropriate column as will the Allergy Technician
- After the patient has been given the appropriate allergen immunotherapy injection(s), the patient is required to wait 30 minutes (longer if the patient has experienced delayed reactions) and must be within direct observation by the Allergy Technician
- At the end of the 30-minute wait, the patient will check out with the Allergy Technician prior to leaving the clinic

Policy Statement #12: Availability of Self-Injectable Epinephrine

- Given the possibility for a delayed reaction and the availability of immediate medical care at some local MTF's, all patients receiving allergen immunotherapy injections will be prescribed self-injectable epinephrine (currently only EpiPen® is available) and will receive appropriate instructions on when and how to use by the Allergy Extender
- The patients will be required to carry the self-injectable epinephrine with them on days that they receive allergen immunotherapy
- The Allergy Technician will verify that the patient has it available prior to giving the patient their immunotherapy injection

Policy Statement #13: Patient Follow-up

- All patients receiving allergen vaccine injections will have an annual follow-up (every 12 months)
- New patients will be seen in follow-up 6 months after starting immunotherapy injections
- Immunotherapy will not be given to a patient who has not been seen in follow-up within the past 15 months
- At the follow-up appointment, the Allergy Extender's documentation must include the following information:
  - If the patient has experienced any reactions, the nature and specifics of the reactions, if the patient has noted any improvement in allergy symptoms, duration of immunotherapy, medication usage (including beta-blockers), other medical problems
  - Additionally at the follow-up visit, the Allergy Extender will re-accomplish the Immunotherapy Informed Consent form with the patient and also have the patient complete the medication list

Policy Statement #14: Termination of Immunotherapy

- If a patient has been on maintenance immunotherapy for at least one year and has derived little to no benefit, immunotherapy should be discontinued
- Once a patient has received immunotherapy for 5 years (exception is venom/IFA immunotherapy), it will be discontinued and the patient will be managed with medications
- Recent literature by Durham et al has shown that patients who received immunotherapy for 3 years continued to receive at least 3 years of benefit equal to patients who continued immunotherapy
- Success currently may only be defined based on clinical symptoms
- Due to the significant placebo effect of immunotherapy injections, patients must be discontinued to determine if a medical need exists to resume
- Duration of Hymenoptera (venom and IFA) immunotherapy is based on the patient's reaction history and is individually determined by the treating Allergist

Policy Statement #15: Repeat Skin Testing

- Routine repeat skin testing is not necessary and has no scientific basis
- Skin testing is not indicated prior to discontinuing immunotherapy injections, as some patients will continue to have positive skin tests despite lack of correlating symptoms

Policy Statement #16: Interaction with Civilian Contract Allergists

- Some MTF's have contracted with civilian Allergists who see Allergy patients at the local facility
- These providers function independently as specified in their contracts with the MTF
- The civilian contract Allergist has no involvement with the Regional Consultant who exists to support the Allergy Extender and the Allergy Extender likewise has no specific involvement with the contract Allergist
- The Allergy Extender is not qualified to act as an Allergy peer or provide any supervisory functions for the contract Allergist (this includes chart reviews) nor is the contract Allergist to provide oversight to the Allergy Extender who functions as an extension of the Regional Allergy Consultant

Policy Statement #16

- The Wilford Hall Medical Center Mixing Lab will not provide mixing services for civilian contract Allergists for several reasons to include lack of manning and inability to recoup costs of this function at this time
- These prescriptions will need to be sent to The United States Army Centralized Allergen Extract Laboratory (USACAEL)

Policy Statement #17: Systemic Reactions

- All systemic reactions must be reviewed by the Allergy Extender and discussed with the Regional Consultant
- Hence, after a patient has experienced a systemic reaction (regardless of severity) and before the patient receives additional immunotherapy injections, the Regional Consultant will be contacted
- The Regional Consultant will determine if additional immunotherapy is indicated for that patient
- If a patient experiences a total of 3 systemic reactions (again, regardless of severity), immunotherapy will be automatically discontinued after the third systemic reaction and the patient will no longer be considered a suitable candidate for continued immunotherapy and will be managed with oral and nasal medications as appropriate

Policy Statement #18: Operating Instructions (OI's)

- A standardized set of OI's are pending development

Policy Statement #19: No Immunotherapy on Deployments

- The risks associated with immunotherapy outweigh the benefits in the deployment setting
- All of the reasons to support “no immunotherapy when deployed” relate to patient safety
- The standard of care [American Academy of Allergy, Asthma and Immunology (AAAAI) and American College of Allergy, Asthma and Immunology Joint Practice Parameter on Allergen Immunotherapy] for administration of immunotherapy is: “Immunotherapy should be administered in a setting that permits the prompt recognition and management of adverse reactions.”
- AFI 144-102 (2.5.3 and 2.6.1) requires a trained Allergy Technician for administration and a trained or experienced physician providing supervision and oversight

Policy Statement #19

- It is important to recognize the risks associated with immunotherapy
- The systemic reaction rate is estimated at 1% per injection
- The fatality rate is estimated at 1:1,000,000 but fatalities do occur and are unpredictable
- Most importantly, while there are conditions that increase the risk for a systemic reaction and a fatal reaction, there are idiosyncratic reactions that cannot be predicted
- An austere environment, such as one might find while deployed, is the least desirable location to treat a life-threatening episode of anaphylaxis that was iatrogenically induced

Policy Statement #19

- The benefits of immunotherapy must also be considered
- Allergies to aeroallergens are not life threatening
- The goal of immunotherapy is to decrease a patient's symptoms on exposure to the allergens to which they are sensitized and/or reduce the need for medication
- Consequently, if need be, a patient's symptoms can be controlled with medications (prednisone, if severe enough)
- If the patient's symptoms are so severe that immunotherapy cannot be discontinued on a temporary basis for a deployment, the active duty member should be considered non-deployable on the basis of his underlying allergic disease.
- There are no exceptions to this policy statement

Policy Statement #20: Staff Assistance Visits (SAVs)

- It is the responsibility of the Regional Consultant to “monitor the allergy services for each MTF within their region” and “visit local MTFs as needed.”
- Given the current funding (lack of) and manning situation, this may not be feasible
- Consequently, a checklist was developed based on reports and experience from previous SAVs that should be completed at least annually and as needed by the Chief of the Medical Staff (SGH) to evaluate the allergy services at his/her MTF
- A copy of the completed checklist should be sent to the Regional Consultant who will review the results and make recommendations, if necessary

Questions?